



SECTION 5–INCIDENT / INJURY MANAGEMENT

- 5.1 Incident/Injury Management**
- 5.2 Incident/Injury Investigation**
- 5.3 Incident Investigation Report**

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5.1 INCIDENT / INJURY MANAGEMENT

A. Objective

To provide guidelines for the management of incidents and injuries, and to comply with all applicable requirements.

B. Scope

All employees.

C. References

Department of Labor, [Occupational Health and Safety Administration \(OSHA\)](#) 29 Code of Federal Regulations 1904, Illinois Department of Labor 820 ILCS 225 Health and Safety Act.

D. Procedure

• LIFE-THREATENING INJURIES

Examples of life-threatening circumstances are severe chest pains, gunshot wounds, severe burns, hemorrhaging, severe head injury, open (compound) fractures, etc.

1. Call **911** let them know the need for an ambulance.
2. Notify the injured person's supervisor of the incident.
3. If the incident was due to a work related event the supervisor should complete an Incident/Injury Report and send it to Human Resources, with a copy to Environmental Health and Safety.

• OTHER INJURIES (NON-LIFE-THREATENING)

1. Notify the injured person's supervisor of the incident. (If the supervisor is not available notify Harper Police.)
2. Escort the injured person to Health and Psychological Services (HPS), building A, room A364. (During their open hours: Monday-Thursday 8am-7pm, Friday 8am-4:30pm). Have someone call HPS x6268 before proceeding, to ensure they can assist with the injury.
3. Health and Psychological Services will evaluate the injured person and provide treatment or refer them to Alexian Brothers Medical Group (ABMG) at 361 West Golf Road, Schaumburg, IL. (also referred to as the Occupational Health Clinic)
4. After hours when Health and Psychological Services is closed, the supervisor or designated representative should take the injured person to St. Alexius Medical Center Emergency Room at 1555 N. Barrington Road, Hoffman Estates, IL.
5. If the incident was due to a work related event the supervisor should complete an Incident/Injury Report and send it to Human Resources, with a copy to Environmental Health and Safety.

• ALL TYPES OF INJURIES

1. Keep the injured person as comfortable as possible.
2. Do not move the injured person any more than necessary for his/her safety.
3. Never administer liquids to an unconscious victim.
4. Do not remove objects that may be embedded into the injured person's skin.



E. Implementation

- **Prompt Medical Attention**

Prompt and appropriate medical attention is key to injury treatment. If an employee was injured on the job they should get immediate medical attention. Any injury larger than a “Band-Aid” should receive medical treatment. The employee should first go to Health & Psychological Services (HPS), if treatment is beyond their services, the employee will be referred to Alexian Brothers Medical Group (ABMG). ABMG has a team of occupational physicians, nurses and physical therapists that have extensive experience with on the job injuries. The ABMG team can provide immediate treatment or refer the employee to a specialist for treatment.

- **Incident / Injury Reporting**

All employees have the responsibility to report all accidents and near-miss (those unplanned events that do not result in injury, financial loss, or property damage) incidents to their supervisor immediately.

The injured person’s supervisor shall fill out an *Incident Investigation Report* (see **Section 5.2** of the *EH&S Manual*). This report shall be sent to Environmental Health & Safety and the Human Resources Department. The Mgr. EH&S will review the report and follow-up on corrective action.

- **Return to Work Program**

A Return to Work program is beneficial to both employees and employers, thus the College will implement a program when deemed prudent to do so as prescribed by a medical professional. If it is determined by HPS and/or ABMG that as the result of a work related injury or illness, an employee is not able to perform his/her normal duties but is able to perform other meaningful tasks, a transitional duty assignment may be provided to the employee. The transitional duty assignment is a short-term assignment until the physician has released the employee to return to their normal duties.

- **Workers’ Compensation Benefits**

If, after initial treatment or examination at ABMG, ER or personal physician, the injured employee is authorized to be absent from work and /or will require additional treatment or medical care, he/she may be eligible for certain disability benefits under the Illinois Workers’ Compensation and Occupational Diseases Act. This will depend on the length of the authorized absence and the nature of employment with the College.

Any follow-up medical/hospital expense incurred by an employee from ABCHS, his/her personal physician and/or hospital facility for treatment of a work related injury should be forwarded to Environmental Health & Safety.

Questions regarding Workers’ Compensation Benefits should be directed to either the Manager, Environmental Health & Safety or the Human Resources Department.



5.2 INCIDENT / INJURY INVESTIGATION

A. Objective

To determine the circumstances in the workplace that resulted in an incident, injury, or near miss (those unplanned events that do not result in injury, financial loss, or property damage), so that effective corrective action can be taken to prevent recurrence.

B. Scope

All occupational incidents, illnesses, and near misses shall be investigated.

C. Responsibilities

- Employees must immediately report all occupational incidents, illness and near misses to their immediate supervisor.
- The supervisor of the area in which the incident, illness or near miss occurred shall assure a complete and thorough accident investigation is conducted. An *Incident Investigation Report* should be completed and a copy shall be sent to Environmental Health & Safety with a second copy to Human Resources.
- Environmental Health & Safety will review the report to assure completeness, accuracy, follow-up, prevention and to aid in determining benefits.
- The Manager of Environmental Health & Safety can assist the supervisor in incident investigation and completing the *Incident Investigation Report* as required.

D. Supervisor's Investigation Procedures

- **GO** to the scene of the accident at once.
- **TALK** with injured person, if possible. Talk to witnesses. Stress getting the facts, not placing blame or responsibility. Ask open-ended questions.
- **LISTEN** for clues in the conversations around you. Unsolicited comments often have merit.
- **ENCOURAGE** people to give their ideas for preventing a similar accident.
- **STUDY** possible causes—unsafe conditions, unsafe practices.
- **CONFER** with interested persons about possible solutions.
- **WRITE** your accident report giving a complete, accurate account of the accident. Do not offer opinions.
- **FOLLOW-UP** to make sure conditions are corrected. If they cannot be corrected immediately, report this to the Manager of Environmental Health & Safety.
- **PUBLICIZE** corrective action taken so that all may benefit from the experience.



E. Completing the Investigation Report

Once the investigation process is complete and the facts are known, prepare the 5.2-Incident *Investigation Report* by filling out these questions:

Report Questions

- **Details**

1. - 14. Are self-explanatory but are important for administrative and follow-up reasons

- **Injury**

15. **Incident Type:** This explains the type of incident being investigated, i.e., fall from ladder, stepped on nail, electrical shock, struck by a vehicle, fire, lifting materials, etc.

16. **Part of Body Injured:** Arm, leg, etc.

17. **Lost Time:** This is time lost due to an incident where the employee could not return to work immediately.

18. **Incident Treatment:** This is where the employee was sent for treatment.

- **Description**

19. **Describe in complete detail what happened**, ask open-ended investigative questions such as where-when-why-how. Describe the activity the worker was involved in, who else was involved (list witnesses), what materials, equipment or tools were involved (SDS, Serial, and Model Numbers). Describe the types of protective equipment required and how it was actually used.

- **Cause**

20. This is **the most critical question** in the investigation because it identifies the act or condition requiring change that will control recurrence of like accidents. The investigator needs to get beyond just the employee involved; evaluate all of the management operational controls that could be responsible for the accident.

SPECIAL NOTATION: DO NOT STATE THAT THE INCIDENT WAS A RESULT OF EMPLOYEE CARELESSNESS! SPECIFICALLY DEFINE THE UNSAFE ACT OR CONDITION INVOLVED THAT MAY AT FIRST APPEARS TO BE CARELESSNESS, I.E. DISTRACTION, NOISE STRESS, HEAT, COLD, OR OTHER NATURAL AND UNNATURAL FACTORS.

- **Evaluation**

21. **Violation of Safety Procedures:** List procedures.

22. **Appropriate Personal Protective Equipment:** Describe the type of Personal Protective Equipment.

23. **Training:** Did the employee receive appropriate training prior to the injury? Describe the type of training and date of training received.

- **Correction**

24. Based on the information developed through previous questions; clearly define steps that must be taken to prevent similar accidents in the future and solutions that permanently fix the problem.

- **Routing** The Supervisor, should review the incident investigation report for completeness and accuracy, sign and date the report, and forward it to the Manager Environmental Health & Safety, (Sara Gibson, sgibson@harpercollege.edu) and a copy to Human Resources, (Jodie Olsen, jolsen@harpercollege.edu) .



5.3 INCIDENT INVESTIGATION REPORT

1. Name of Employee:		2. Home Address:		3. Employee #:	
4. Date of Birth:		5. Gender: <input type="checkbox"/> Male or <input type="checkbox"/> Female		6. Home or cell#:	
7. Marital Status: <input type="checkbox"/> Married, <input type="checkbox"/> Single or <input type="checkbox"/> Divorced			8. Department:		
9. Classification: <input type="checkbox"/> Classified, <input type="checkbox"/> Super Con., <input type="checkbox"/> IEA/NEA, <input type="checkbox"/> ICOPS, <input type="checkbox"/> Pro-Tech, <input type="checkbox"/> Admin. <input type="checkbox"/> Faculty <input type="checkbox"/> Other					
10. Check: <input type="checkbox"/> Part time or <input type="checkbox"/> Full time		11. Shift : <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Other: AM/PM To AM/PM			
12. Date of Incident: Time:			13. Location of Incident:		
14. Was the activity the employee was involved in, part of, or within the employee's regular job duties? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
INJURY		16. Body part injured:		17. Did the incident result in lost time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes last day worked:	
15. Incident type:					
18. Incident treatment and date (check more than one if necessary):		<input type="checkbox"/> Health and Psychological Services - Date:		<input type="checkbox"/> Occupational Clinic –Date:	
		<input type="checkbox"/> Hospital/ER – Date:		<input type="checkbox"/> Personal Physician – Date:	
19. DESCRIPTION (Write a detailed description of what and how the incident happened, including witnesses.)					
20. CAUSE (Identify unsafe acts or conditions–contributor factors–base cause–lack of management operational controls)					
21. EVALUATION: Were there any violations of safety procedures? <input type="checkbox"/> No <input type="checkbox"/> Yes , If yes, explain:					
22. Was appropriate personal protective equipment being worn/used? <input type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, explain: Describe type of equipment:					
23. Did the employee receive appropriate training prior to the injury? <input type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/> Yes Describe Training & Date:					
24. CORRECTION (How could this incident be avoided in the future? Describe changes or improvements in equipment, procedures, training and/or personal protective equipment needed.)					
25. Employee's Signature: Date:			26. Supervisor's Signature: Date:		

Send completed report to Manager EH&S & HR .

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